

Work Order ID 111860

111860

Page 1

January-23-14 2:42:52 PM

Item ID: D212-725-1-007

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: Collective Bell Crank

Stop *NS2*

Start Date: 24/01/2014 Start Qty: 5.00

5

Cust Item ID:

Required Date: 28/02/2014 Req'd Qty: 5.00

5

Customer:

Reference:

Approvals:

Process Plan: AD

Date: 14-01-23

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D4215	A
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100

0.00

100

HAAS 1

HAAS CNC VERTICAL MACHINING #1

Memo

0.00

HAAS CNC vertical machine #1

****Critical Part,MRB decisions on this part may only be performed by DART DE#02.Any changes to the design,manufacturing process,approved operating enviroment,and design loading spectrum will require a review of the fatigue evaluation for this part*****

Machine as per Folio FA656 and Dwg D212-725-1

Dwg Rev: B

Folio Rev: AA

SL14-2-2

110

QC1- Inspect dimensions to dimension sheet

0.00

110

QC

Memo

0.00

Quality Control

SL14-2-2

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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January-23-14 2:42:52 PM

1 1 1 860

Page 2

N900040100

Setup Start *NS1*

Stop *NS2*

Cust Item ID:

5

5

Customer:

Reference:

Run Start *NR1*

Stop ***NR2***

[illegible]

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 111860***111860***

Page 3

January-23-14 2:42:52 PM

Item ID: D212-725-1-007

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Collective Bell Crank

Start Date: 24/01/2014 Start Qty: 5.00

5

Cust Item ID:

Required Date: 28/02/2014 Req'd Qty: 5.00

5

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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145

0.00

145

Outsource2

Memo

0.00

Outsource process - NDT

OUTSIDE SERVICES-MACH

Issue P/O:

23259

LPI Per ASTM 1417 LEVEL 2

Certificate of conformity is required

QCS

DAS
27
9/89

14/3/7

CL 14/03/06 5Rev 4/3/06 (5)

150

Chemical Conversion Coat per QSI005 4.1

0.00

150

HandFinish

Memo

0.00

Hand Finishing

5 7/14-371

160

QC3- Inspect Part Finish

0.00

160

QC

Memo

0.00

Quality Control

DAS
27
9-89

14/3/11

5

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 111860

January-23-14 2:42:52 PM

111860

Page 4

Item ID: D212-725-1-007

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Collective Bell Crank

Start Date: 24/01/2014 Start Qty: 5.00

5

Cust Item ID:

Required Date: 28/02/2014 Req'd Qty: 5.00

5

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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170

Identify as per dwg & Stock Location: *87306* 0.00

170

Packaging

Memo

0.00

Packaging

5x *14-3-11*

DAS
28
8-89

180

QC21- Final Inspection - Work Order Release 0.00

180

QC

Memo

0.00

Quality Control

MC5 14-03-12

MF
14-3-11

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width:15%;">Skid-tube <input type="checkbox"/></td> <td style="width:15%;">Crosstube <input type="checkbox"/></td> <td style="width:15%;">Water Jet <input type="checkbox"/></td> <td style="width:15%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

January-23-14 2:42:58 PM

Page 1

Work Order ID: 111860

111860

Parent Item: D212-725-1-007

D212-725-1-007

Parent Item Name: Collective Bell Crank

Start Date: 24/01/2014

Required Date: 28/02/2014

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP Rev:A New Issue 07-014-10 JLM IPP Rev:B as
per ECN10-532 DD 10.04.08 verified by:JLM Ipp Rev:C Added
"Critical Part" Note 10-06-02 Verified By:DD ****Critical Part,MRB
decisions on this part may only be performed by DART DE#02.Any changes to
the design,manufacturing process,approved operating enviroment,and design
loading spectrum will require a review of the fatigue evaluation for this
part*****

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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D6101-007		Manufactured	No				Each	44.0000		5			
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D6101-007

**

SL 14-1-29

Saddle Billet

Location

Loc Qty

Loc Code

MAT044

44

108876

20

110314

24

5

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

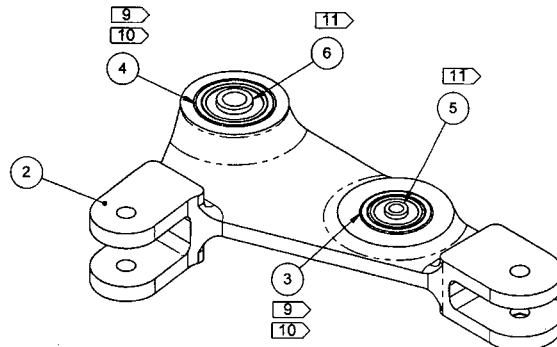
Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Material									
Operator									
Offset/Setup									
Process									
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Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
--	--	---	--

ITEM	QTY -901	PART NUMBER	DESCRIPTION
1	X	D212-725-1-901	COLLECTIVE BELLCRANK ASS'Y
2	1	D212-725-1-007	COLLECTIVE BELLCRANK
3	1	120-013-3A	SLEEVE
4	1	120-015-5A	SLEEVE
5	1	MS27643-3	BEARING
6	1	MS27647-5	BEARING



111860 NP
14-01-23

D212-725-1-901 COLLECTIVE BELLCRANK ASSY

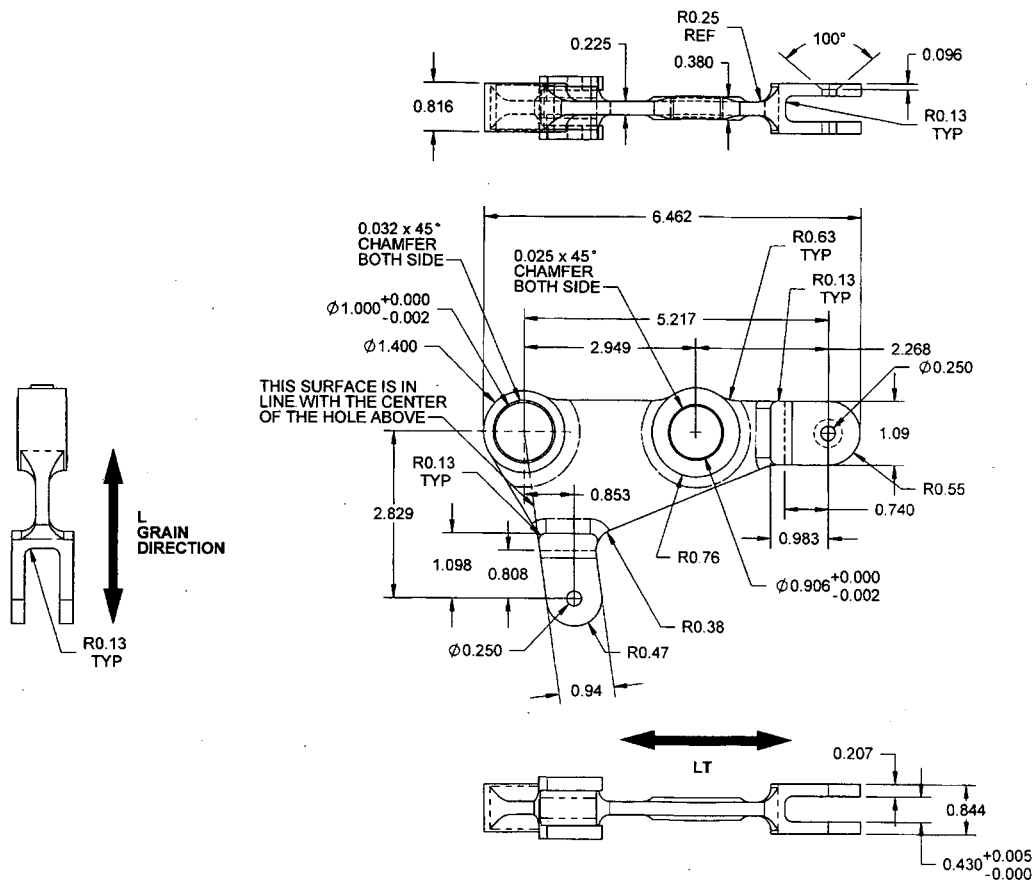
CRITICAL PART
MRB DECISIONS ON THIS PART MAY ONLY BE PERFORMED BY DART DE#02. ANY CHANGES TO THE DESIGN, MANUFACTURING PROCESS, APPROVED OPERATING ENVIRONMENT, AND DESIGN LOADING SPECTRUM WILL REQUIRE A REVIEW OF THE FATIGUE EVALUATION FOR THIS PART.

RELEASED
2011-08-25
JAP

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: PRIME YELLOW PER DART QSI 005 4.2
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.68 lbs
- 8) SWAGE/STAKE PER QSI 002
- 9) SLEEVE ID AND OD MAY BE ADJUSTED TO PROVIDE PROPER FIT
- 10) SLEEVE SHOULD FIT INTO BELLCRANK USING FINGER PRESSURE ONLY
- 11) BEARING SHOULD FIT INTO SLEEVE USING FINGER PRESSURE ONLY

A	NEW ISSUE	RF	11.02.24
REV.	DESCRIPTION	BY	DATE
DESIGN	DC	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	RF	DRAWING NO.	REV. A
MFG. APPR.	RF	D4215	SHEET 1 OF 2
APPROVED	RF	TITLE	SCALE
DE APPR.	RF	COLLECTIVE BELLCRANK	NTS
DATE	11.02.24	<small>COPYRIGHT © 2011 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	



NOTES:

- 1) MATERIAL: 7075-T7351 ALUMINUM
PER QQ-A-250/12
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.39 lbs
- 8) LPI PER ASTM 1417 LEVEL 2
- 9) SURFACE FINISH TO BE NO GREATER THAN 80 MICROINCH

D212-725-1-007 COLLECTIVE BELLCRANK

CRITICAL PART

MRB DECISIONS ON THIS PART MAY ONLY BE PERFORMED BY DART DE#02. ANY CHANGES TO THE DESIGN, MANUFACTURING PROCESS, APPROVED OPERATING ENVIRONMENT, AND DESIGN LOADING SPECTRUM WILL REQUIRE A REVIEW OF THE FATIGUE EVALUATION FOR THIS PART.

DESIGN	DC	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. A
MFG. APPR.	<i>[Signature]</i>	D4215	SHEET 2 OF 2
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	COLLECTIVE BELLCRANK	NTS
DATE	11.02.24	<small>COPYRIGHT © 2011 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

RELEASED
2011-08-25
[Signature]

DART AEROSPACE LTD		Work Order: 111860
Description: collective bell crank		Part Number: 0212-725-1-007
Inspection Dwg: 0212-725-1 Rev: B		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

	Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
A	.816	+ .010	.810	/		Vern	SL-10
B	.225	+ .010	.222	/		-	
C	.380	+ .010	.375	/		-	
D	R.25	+ .030	.250	/		R-G	
E	100°	+ .5°	100°	/			
F	.096	+ .010	.095	/		Vern	
G	6.462	+ .010	6.461	/			
H	.032x45°	+ .010 ± .5°	.03x45°	/		-	
I	Ø1.000	+0 - .002	.9985	/		T-G+mic	SL-H
J	1.400	+ .010	1.400	/		Vern	SL-10
K	2.949	+ .010	2.949	/		"	
L	2.268	+ .010	2.268	/		-	
M	.250	+ .005 - .001	.252	/		-	
N	.983	+ .010	.984	/		-	
O	.906	+0 - .002	.9053	/		T-G+mic	SL-H
Q	.025x45°	+ .010 ± .5°	.025x45°	/		Vern	SL-10
R	.844	+ .010	.837	/		-	
S	1.050	+ .010	1.047	/		-	
T	R.250	+ .030	.250	/			

Measured by: SL	Audited by: <i>anf</i>	Preliminary Approval:
Date: 14-2-2	Date: 14/02/25	Date:

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15



LIQUID PENETRANT TEST REPORT

P- 12270

PAGE 1 OF 1

CLIENT Dart Aerospace DATE March 6 2014 TIME AM ☒ PM ☐
ATTENTION Chantale, Linda, ACUREN JOB NO. 188-14-C0208
ADDRESS 1270 Aberdeen St PO/WO No. _____
Hawkesbury, on WORK LOCATION As Address
ACCEPTANCE STD. ASIM 1417/051 02 REV./DATE 2005
PROJECT -Pt. wet Fluorescent Liquid penetrant Inspection
ITEM(S) EXAMINED -See Below

JOB DESCRIPTION _____ PROCEDURE NO. LT-002 REV./DATE 2009 TECHNIQUE NO. LT-002 REV./DATE 2009
PART NO. _____ MATERIAL Alu / C/S THICKNESS _____
SCOPE Performed a wet Fluo L.P.I. on 100% of the external surface only on item mentioned below.

TEST DETAILS
METHOD ☒ FLUORESCENT ☐ VISIBLE ☒ WATER WASH ☐ SOLVENT REMOVABLE ☐ POST EMULSIFIED
FAMILY BRAND Magne Flux BLACK LIGHT S/N 13790 OUTPUT > 1000 μ W/cm² ☐ AMBIENT < 2 fc
PENETRANT 24-6F MINIMUM DWELL TIME 45 MIN. LIGHTING EQUIP. ☐ FLASHLIGHT ☐ TROUBLELIGHT ☐ OUTPUT > 100 fc @ SURFACE
PENETRANT REMOVER H2O MINIMUM DRY TIME >10 MIN. OTHER _____
DEVELOPER SKD S2 MINIMUM DWELL TIME 30 MIN. LIGHT METER S/N 1092865 CAL DUE DATE MA 7 2014
DEVELOPER TYPE ☒ NON AQUEOUS ☐ AQUEOUS ☐ DRY

TEST SURFACE
SURFACE CONDITION ☐ AS GROUND ☐ AS WELDED ☒ MACHINED ☐ SHOT BLASTED ☐ CLEAN BARE METAL
SURFACE TEMPERATURE ☐ < - 4°C/ 20°F ☐ - 4°C/ 20°F TO 10°C/50°F ☒ 10°C/50°F TO 52°C/125°F ☐ > 52°C/125°F

RESULTS- (<input type="checkbox"/> METRIC <input type="checkbox"/> IMPERIAL)			
COMMENTS	ACCEPT	REJECT	
1 2X STRUT W.O.I.D 111337	✓		Item I.D 04879-1
2 2X STRUT W.O.I.D 111338	✓		Item I.D 04880-1
3 1X STRUT W.O.I.D 111340	✓		Item I.D 04882-1
4 2X STRUT W.O.I.D 111339	✓		Item I.D 04881-1
5 5X collective Bell crank W.O.I.D 111360	✓		Item I.D 0488-726-1-007
No Relevant Indication was detected As per applicable Standard at the time of Inspection			

Scope of Services
The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of all data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.
Standard of Care
In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES
CLIENT REPRESENTATIVE Christopher Renaud PRINT Christopher Renaud SIGNATURE DTR # E-07964
TECHNICIAN (SIGNATURE): Alexandre Michas REPORT REVIEWED BY: _____
NAME (PRINT): Alexandre Michas 1ST TECHNICIAN 2ND TECHNICIAN
CGSB LEVEL 2 SNT LEVEL 2 CGSB LEVEL _____ SNT LEVEL _____
CGSB REG. NO. 10148 CGSB REG. NO. _____

